Community Service Network 7 Meeting
DHHS Offices, Biddeford
August 9, 2007

Approved Minutes

Members Present:

- Jennifer Goodwin, CSI
- Lois Jones, CSI
- Scott Ferris, Creative Work Systems
- W C Martin, Common Connection Club & TPG
- Deanna Mullins, Goodall Hospital
- Mark Jackson, Harmony Center & TPG
- Chris Souther, Shalom House
- Larry Plant, SMMC
- Mary Jane Krebs, Spring Harbor
- Wayne Barter, VOA
- Jen Ouellette, York County Shelters

Members Absent:

- Center for Life Enrichment (vacant)
- Job Placement Services, Inc.
- NAMI-ME Families (excused)
- Saco River Health
- Sweetser
- York Hospital (excused)

Others/Alternates Present: Rita Soulard, SMMC; Ron St. James, DHHS; Alex Veguilla, CCSM.

Staff Present: DHHS/OAMHS: Ron Welch, Marya Faust, Don Chamberlain, Leticia Huttman, Carlton Lewis, William Nelson. Muskie School: Elaine Ecker.

Agenda Item	Presentation, Discussion
I. Welcome and Introductions	Carlton opened the meeting and participants introduced themselves.
II. Review and Approval of Minutes	Minutes from the June meeting were approved as written.
III. Provision of public mental health services	**Eligibility for publicly funded services** Ron explained that OAMHS is endeavoring to more clearly define and describe the population who will be eligible to receive publicly funded mental health services, noting that OAMHS has long been prohibited from building two systems of care: one for Class members and another for non-Class members. OAMHS is looking at the enrollment criteria for Section 17 MaineCare services in clarifying the target population eligible to be served by general fund dollars, in terms of both clinical need and income level. The group went through each section in the handout "Draft General Fund Support for Community Integration" dated August 8, 2007, and as requested gave feedback and comments for OAMHS to consider in preparing a final version. <u>People on MaineCare spend down</u> • Clarification: expenses due to disability = spend down. <u>People with Medicare</u> • Having Medicare does not automatically indicate income eligibility. • Many on SSI/Medicare are on the edge just above income eligibility for services. Perhaps set income ceiling slightly higher than MaineCare? Or establish review/appeal process on some level? • Medicare covers only outpatient—no case management, homeless issues, transportation issues. • Would like some kind of review process for medical necessity, clinical need. (CSI does income assessment on everyone that comes through.) <u>People with other insurance</u> • Struggle with those with insurance that doesn't cover the service. Possible solution: Sliding scale with use of grant funds?

Agenda Item	Presentation, Discussion
	People with no insurance • Would like review process, for instances where people may qualify (Section 17, income), but have no address (homeless). People who are Class Members • Ron noted that the only service the Consent Decree guarantees to Class members is a community support worker who helps develop an Individual Support Plan and identify unmet needs. Don asked for a handful of concrete cases (with client consent) where it appeared the person met eligibility for Section 17, but was denied, so he can review with the disability determination people in the Office of Integrated Access and Support (OIAS) see where the problems lie. **Distribution of grant funds** Ron also informed the group that OAMHS will be changing the distribution of its general (grant) funds. The current distribution has evolved over time for a variety of reasons and the result is not equitable. OAMHS also needs to ensure the services being purchased meet the priority needs of the target population. Except for peer and vocational services, funds will be redistributed according to the numbers of people with severe and persistent mental illness (SPMI) residing in the CSN, for direct client services only. CSNs will make decisions about the priority needs in the CSN, and grant funds will be distributed to agencies accordingly. Ron said OAMHS will have a concrete proposal for the October CSN meetings and go through full discussion process before going into effect FY2009. Feedback: • Take into consideration delivery of service, time involved, etc. Definitions of programs are not consistent across the state. • CSI: Already overspend every year (this FY $40,000)—just can't stop serving a person when funds run out. ---------- The group also discussed the concern consumers have about losing MaineCare, if they work. OAMHS has contracted with MMC/Vocational for five benefit specialists (called CWICs, Community Work Incentive Coordinators) to assist consumers around the state in analyzing their benefit/work status and making informed decisions. The contact number is 662-2088.
IV. Outcomes and Performance Measures for CSNs: What is our purpose? What are we trying to accomplish?	Marya reviewed an August 2nd memo from Ron Welch listing: 1) Purpose of CSNs, 2) Basic Data for each CSN, 3) Performance Improvement Measures, and 4) CSN Outcomes. She said OAMHS intends to provide an individual "picture" of each CSN. Members discussed various items, primarily in the Outcomes section: • A member raised concerns about challenges in measuring "Increase in % people in…employment." Marya clarified that the basic information will come from the Resource Data Summary (RDS) system, which asks for the employment status of the person according to specific definitions. • The LOCUS (Level of Care Utilization Service) assessment tool is used annually in re-enrollment and will measure "Increase in % of people with improved level of functioning…" • "Increase in % of people with social supports and community connectedness" is not straightforward to track or assess and will require more definition; peer services and community supports will be included. • Re: "Decrease in % of people…readmitted within 30 days post discharge." Readmission to the same hospital is already tracked—a system needs to be devised to track readmissions to different hospitals.

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<tr><th>Agenda Item</th><th>Presentation, Discussion</th></tr>
<tr><td>V. Actions/Work Plans for CSNs: Sept 2007 – June 2008</td><td>
Don asked the group to identify several areas of focus that they would like to work on and establish work groups to address the focus areas. To inform the process, members referred to the Standards Summary Sheet handout from the August 1st Quarterly Report, in addition to the Welch memo above. They discussed many items and listed the following, electing to begin with 1, 4, 5, 6, and 7 (see table below):

1. Explore factors and possible improvements re: response time from crisis call (also see * below)
2. ACT Team outside current geography (CSI is currently working on expanding geographically—the payor issue is key.)
3. Improve access to medication management
4. Transportation, including for non-medical and social purposes
5. ISPs: Completion, providing to hospital, CSW part of discharge planning
6. Increase crisis response outside ER
7. Rep payee services
8. Peer & Recovery (Standard 33)

*Though not yet quantified, CSI believes many private practitioners advise their clients to call CSI crisis services after business hours, rather than providing after-hours care for their own clients. Members concurred that private practitioners should provide crisis services for their own clients (noting this is a requirement in other states), and the matter needs to be explored and remedied.

Current work groups and tasks:
<table>
<tr><th>Hospital/ISP- Standards 5, 18</th><th>Crisis Services</th><th>Rep Payee & Transportation</th></tr>
<tr><td>Jennifer Goodwin, hospitals, CSI's CSS Director

Issues: CSW assignment; ISP completion; ISP to hospital; CSW in discharge planning; improving 24/7 protocol.</td><td>Jennifer Goodwin

Issues: Provide current data re: response time from crisis call and numbers served in ER and outside ER; explore quantifying number of practitioners that refer clients to crisis after business hours, and the resulting number of calls.</td><td>Wayne Barter, others?

Issues: Explore grassroots solutions to: 1) CSI's elimination of rep payee services, and 2) the region's transportation needs.</td></tr>
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ACTION: Report on progress at the next CSN meeting.
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<tr><td>VI. Policies and procedures for 24/7 availability of information</td><td>
Don reviewed the policy requirement for establishing protocols between agencies listed below and providing copies to OAMHS:
1. Community support agency – crisis agency (same agency in this CSN)
2. Crisis agency – area hospitals (deficient across the board)
3. ACT Team – crisis agency (same agency in this CSN)
4. ICM Program – crisis agency
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Agenda Item	Presentation, Discussion
	Still needed from CSI: written description of 1) internal procedures and 2) communication between crisis and hospitals. Lois said CSI had responded to the Office of Quality Improvement, and would resend to OAMHS.
VII. Impact of Rate Changes	Ron said OAMHS is interested in knowing about curtailment of services or people being denied services due to rate changes: CSI: • Ending rep payee services • Looking at how to restructure peer services—not due to rate changes, but inadequate funding generally • "Totally cut back on our supervisory staff…looking at streamlining everything we do…makes it difficult to maintain same high-quality service we've provided in the past."
VIII. Consent Decree Quarterly Report of August 1, 2007	Members received copies of the full quarterly report by email for review. Marya noted that the quarterly report will provide one way of assessing any future changes in quality.
IX. Consent Decree Report of July 13, 2007: Gaps in Service by CSN	Ron explained that OAMHS was required to submit a report of major gaps in core services to the Court Master on July 13, using information currently available, including gaps identified by CSNs in their meeting minutes. The report was "not predicated on quantifiable data as we hope to do in the future," he said. Peer services and crisis stabilization were identified as gaps for many CSNs, with Medication Management and Vocational Services identified as Statewide gaps.
X. Other	**Administrative Services Organization (ASO)** Marya reported that APS Healthcare of Maryland was chosen of the eight bids received. APS currently has contracts in 26 states and Puerto Rico. She said the review committee was especially impressed with the quality of reference checks--APS has won all of its re-bids and has never had a contract cancelled for performance issues. If no appeals are received (15-day appeal period ends today), a contract could be signed in early September, ready to start on November 1. The ASO will track when a client comes in, do periodic utilization reviews, and will compile all of the services a person receives from multiple providers. They will provide much better data re: • Level of care • Length of stay • Added or reduced services • People making progress re: recovery Marya added that the challenge is to build a good picture of who is being serviced by general funds as well, without putting undue burden on providers. A member said the transition process for kids is critical. Marya said APS addressed minimizing transition issues in their proposal and noted their extensive experience in other states. **Consumer Council System of Maine (CCSM)** Alex Veguilla of the CCSM introduced himself and said he will be doing outreach in this area on behalf of the Council. He mentioned the following: • Elections to the Statewide Council have been held, and 15 of the 21 seats have been filled. • Statewide Council meets August 22 in Augusta.

Agenda Item	Presentation, Discussion
	• CCSM website: www.transformationinme.org • Hot topics developed from May conferences are listed on the website. Transportation tops the list—need creative ideas to address this. **ACTION:** Elaine will send CCSM informational documents via email to all members. **Budget Workgroups** Ron informed that members had been appointed to the three budget work groups established by the legislature (Administrative Burden, System Redesign, and Rate Standardization) and meetings will begin soon. He also reported that the Appropriations Committee announced a $9-10M deficit in revenues for FY2008 and is "looking for funds from DHHS." OAMHS will let CSNs know when/how this is resolved.
XI. Public Comment	None.
XII. September Agenda Items	**UPDATE: The September meeting is cancelled, to allow time to focus on work group tasks.**